


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 050 ***150.00

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| DOCUMENT # P04000072678 | |  |
| 1. Entity Name HILLSBOROUGH CHIROPRACTIC CENTER INC. | | |

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| Principal Place of Business 607 C.W. MARTIN LUTHER KING 101 TAMPA, FL 33603 | Mailing Address 607 C.W. MARTIN LUTHER KING 101 TAMPA, FL 33603 |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04242007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-1081649 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LESLEY, JACQUES 1054 EGRET HAVEN LANE RIVERVIEW, FL 33569 | |
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| 7. Name and Address of New Registered Agent Name LESLEY JACQUES Street Address (P.O. Box Number is Not Acceptable) 607 W. MLK BL STE. 101 City TAMPA FL 33603 | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Lesley Jacques</i></u> DATE <u>4-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JACQUES, LESLEY 10504 EGRET HAVEN LANE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LESLEY JACQUES 607 W. MLK BL#101 TAMPA, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JACQUES, JUDITH C 10504 EGRET HAVEN LANE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | YD JUDITH C. JACQUES 607 W. MLK BL#101 TAMPA, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CYPRIEN, MELCHIOR 10504 EGRET HAVEN LANE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MELCHIOR CYPRIEN 607 W. MLK BL#101 TAMPA, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Lesley Jacques</i></u> LESLEY JACQUES DATE <u>4-27-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
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(813) 236-8777